

CLAIMS ONLY

Application Number

10/824297
Applicant(s)

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
| 2 | | | | | | |
| 3 | | 1 | | | | |
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| 47 | 1 | | | | | |
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| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| Total Indep | 3 | | | | | |
| Total Depend | 24 | | | | | |
| Total Claims | 27 | | | | | |

| May be used for additional claims or amendments | | | | | | |
|---|-------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |